Express Mail Label Number: EV 735322420 US

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450

Alexandria, Virginia 22313-1450

or <u>Fax</u> (571) 273-2885

maintenance fee notifications. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.		
28089	7590 08/02/200			have its own certifica	ate of mailing or transmission	l.
WILMER CU 399 PARK AV NEW YORK,		HALE AND DE	10 VC/	I hereby certify that States Postal Service addressed to the M	ertificate of Mailing or Traithis Fee(s) Transmittal is beit with sufficient postage for fail Stop ISSUE FEE addressPTO (571) 273-2885, on the	nsmission ing deposited with the United irst class mail in an envelop ss above, or being facsimil that indicated below.
		AUS 2	9 2005 👊		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(Depositor's name)
31/2005 LWONDIM2	00000111 080219 0958	1496 B AUG				(Signature)
FC:2501 70	0.00 DA	E. T.	- ARKOW			(Date)
APPLICATION NO. FILING DATE		. 44	HIST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/589,496	06/07/2000		Yechiam Yemi	ni	19240-233	8509
APPLN. TYPE	SMALL ENTITY NO	ISSUE FI		UBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE 11/02/2005
EXAMINER		ADTIDI	TT 1	LASS-SUBCLASS	٦	
		ART UN	1 1			
	LOH, JALATEE dence address or indication o	3621		705-077000		CUTLER PICKER
"Fee Address" i	spondence address (or Change SB/122) attached. ndication (or "Fee Address" Ir -02 or more recent) attached. d.	dication form	ation form registered attorney or agent) and the names of up to			
3. ASSIGNEE NAME	AND RESIDENCE DATA T	O BE PRINTED ON T	HE PATENT (print	or type)		
PLEASE NOTE: U	Inless an assignee is identifie orth in 37 CFR 3.11. Complet	d below, no assignee of this form is NO	data will appear on Γa substitute for fili	the patent. If an assignment.	gnee is identified below, the	document has been filed for
recordation as set for		(B) RESIDENCE: (CI	TY and STATE OR CO	OUNTRY)	
recordation as set for	SIGNEE	`				
(A) NAME OF AS		·		D D		D o
(A) NAME OF AS	priate assignee category or ca				Corporation or other private s	group entity Governmen
(A) NAME OF AS Please check the approvata. The following fee(priate assignee category or ca		. Payment of Fee(s):		· · · · · · · · · · · · · · · · · · ·	group entity Governmen
(A) NAME OF AS Please check the approduce the following feet assue Fee	priate assignee category or ca	4b	Payment of Fee(s): A check in the a		enclosed.	group entity Governmen
(A) NAME OF AS Please check the approva	priate assignee category or ca s) are enclosed: (No small entity discount peri	4b	Payment of Fee(s): A check in the a Payment by cree The Director is	mount of the fee(s) is o	enclosed. 38 is attached. charge the required fee(s), o	
(A) NAME OF AS Please check the approduce of the comparison of th	priate assignee category or ca s) are enclosed: (No small entity discount peri- - # of Copies tatus (from status indicated al ms SMALL ENTITY status.	4b nitted) nove) See 37 CFR 1.27.	Payment of Fee(s): A check in the a Payment by cree The Director is Deposit Account N	mount of the fee(s) is of the card. Form PTO-20 hereby authorized by umber 08-0219 to longer claiming SM.	enclosed. 38 is attached. charge the required fee(s), of (enclose an extra	or credit any overpayment, a copy of this form). CFR 1.27(g)(2).
Please check the approduce of the same of	priate assignee category or ca s) are enclosed: (No small entity discount peri - # of Copies tatus (from status indicated al	4b nitted) nove) See 37 CFR 1.27.	Payment of Fee(s): A check in the a Payment by cree The Director is Deposit Account N	mount of the fee(s) is of the card. Form PTO-20 hereby authorized by umber 08-0219 to longer claiming SM.	enclosed. 38 is attached. charge the required fee(s), of (enclose an extra	or credit any overpayment, a copy of this form). CFR 1.27(g)(2).
Please check the approduce of the same of	priate assignee category or cars) are enclosed: (No small entity discount periodic deciration of Copies	4b nitted) nove) See 37 CFR 1.27.	Payment of Fee(s): A check in the a Payment by cree The Director is Deposit Account N	mount of the fee(s) is of the card. Form PTO-20 hereby authorized by umber 08-0219 to longer claiming SM.	enclosed. 38 is attached. charge the required fee(s), of (enclose an extra	or credit any overpayment, a copy of this form). CFR 1.27(g)(2). ication identified above. the assignee or other party

an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.